



Central District Health Department Supplemental Application Questionnaire

Position: **Health Clerk**

Applicants Name: _____

Applicants Email Address: _____

Applicants Phone Number: _____

Questions 1-5 of this questionnaire must be completed and turned in with the application for employment. Please be complete but concise. Resumes are strongly encouraged.

1. Please describe your experience and qualifications that would make you a good choice for this position.

2. Describe how you would maintain a high level of customer service in person and on the telephone while needing to multi-task at times.

Applicants Name: _____

3. What motivates you to do a great job at work? Describe your perfect supervisor.

4. What makes you stand out as a top candidate for this position?

5. Describe what excellent customer service is.
